CLAIMS ONLY

Application Number	Filing Date
10/668478	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
~~2~~							52						
~~3~~							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1	3					71						
22							72						
23							73						
24							74						
25							75						
~~26~~	1						76						
~~27~~							77						
~~28~~							78						
~~29~~							79						
~~30~~							80						
31							81						
32							82						
33							83						
34							84						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	21						Total Depend						
Total Claims	24						Total Claims						